SEP 2 3 2005 W

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME	Docket Number (Optional)						
FY 2005		527922000100					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number	09/811,564	Filed Mar	ch 20, 2001				
For METHOD AND SYSTEM FOR TOP-DOWN BUSINESS PROCESS DEFINTION AND EXECUTION							
Art Unit 3639		Examiner B.	A. K. Robinson				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as	s follows (check time period desi	red and enter the appro	opriate fee below):				
	Fee	Small Entity Fee					
One month (37 CFR 1.17(a		\$60	\$				
Two months (37 CFR 1.17	(a)(2)) \$450	\$225	\$				
X Three months (37 CFR 1.1	7(a)(3)) \$1020	\$510	\$ 1,020.00				
Four months (37 CFR 1.17	7(a)(4)) \$1590	\$795	\$				
Five months (37 CFR 1.17	(a)(5)) \$2160	\$1080	\$				
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
X The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to							
Deposit Account Number	03-1952 I have enclose	ed a duplicate copy of the modern (PTO/SB/17) is attacted at the control of the c	nis sheet. Fee				
I am the applicant/invento	or.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agen	t of record. Registration Numbe	r					
	t under 37 CFR 1.34.	04.040	•				
Registration number if acting under 37 CFR 1.34		31,942	<u> </u>				
		September 23, 2005					
ℓ Signature		Da					
Alex Chartove		(703) 760-7744					
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1	forms are submitted.						

09/26/2005 JADDO1 00000060 031952 09811564

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PTO/SB/17 (12-04v2)
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on Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

7RAD 24 12/08/2004		Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Num	ber 0	09/811,564					
FEE TRANSMITTAL		Filing Date	N	March 20, 2001					
		First Named Inve	entor S	Scott OPITZ					
For FY 2005		Examiner Name	B. A. K. Robinson						
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 3639							
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00		Attorney Docket I	No. 5	527922000100					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAM	MINATION FEES								
FILIN	G FEES SEA	ARCH FEES	EXAMINA	ATION FEES	3				
Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity	Fees Pai	(d (e)			
Utility 300	150 500	250	200	<u>Fee (\$)</u> 100	i ccs i a	(4)			
Design 200	100 100	50	130	65					
•									
Plant 200	100 300	150	160	80					
Reissue 300	150 500	250	600	300					
Provisional 200	100 0	0	0	0					
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
ree Description									
Each claim over 20 (including Reissues)						25			
Each independent claim over 3 (including Reissues) Multiple dependent claims 200 100 180									
• •	(A))a:d (\$)	14.	Itimia Danand		100			
Total Claims Extra Claims F				Multiple Dependent Claims ree (\$) Fee Paid (\$)					
-= x _			ree	<u>; (\$)</u>	ree raiu (\$)				
Indep. Claims Extra Claims F	ee (\$) Fee F	Paid (\$)							
x	=								
3. APPLICATION SIZE FEE	1100 1								
If the specification and drawings exceed listings under 37 CFR 1.52(e)), the									
sheets or fraction thereof. See 35 U			oi siliali eli	inty) for each a	additional 30				
	, , , , ,	` '	ion thoroof	Fee (\$)	Foo Pa	id (\$)			
- 100 = /50 (round up to a whole number) x =						aid (\$)			
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00									
SUBMITTED BY									
Signature Que x	titure	Registration No. (Attorney/Agent)	31,942	Telephone	(703) 760-	7744			
Name (Print/Type) Alex Chartove				Date :	September 2	3, 2005			